



*ACCESS FOR*

*INFANTS AND*

*MOTHERS*

**2002 FACT BOOK**

**MANAGED RISK MEDICAL INSURANCE BOARD**



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## OVERVIEW OF THE AIM PROGRAM

The State of California's Access for Infants and Mothers (AIM) Program offers affordable maternity insurance for pregnant women and their newborns. The families who are eligible for AIM are those who have no maternity insurance, those who have health insurance with a high (over \$500) maternity-only deductible, and those who have incomes that are too high to qualify them for other forms of state assistance, such as Medi-Cal.

The program is designed to build on the existing system for financing and delivery of health care services and to reduce the incidence of negative delivery and birth outcomes of pregnant women. AIM is targeted to serve families with incomes between 200 and 300 percent of the federal poverty level. AIM is not an entitlement program. The level of available funding determines the enrollment capacity.

The AIM Program provides comprehensive health care services for a woman throughout her pregnancy and for 60 days postpartum, and includes hospital delivery. Full health care services, including examinations and immunizations, are provided for the baby up to his or her second birthday.

Milestones of the AIM Program since implementation in February 1992 include:

- |   |   |
|---|---|
| 1994: In February, enrollment was suspended for the remainder of the budget year due to the popularity of the program and limited appropriation. Eligibility criteria were changed to target families with incomes between 200 and 250 percent of the federal poverty level (fpl) to compliment Medi-Cal's revised requirements and reduce the likelihood of duplication of services. | 1997: The outreach program pursued greater collaboration with hospitals serving large numbers of uninsured women. English and Spanish versions of televised public service announcements were also developed. |
| 1995: The AIM outreach program began television and radio interviews on local stations. In August, the income eligibility criteria were changed to target families with incomes between 200 and 300 percent of the fpl.   | 1998: An AIM outreach website with links to pregnancy related services was developed. Increased emphasis on post-application assistance to women whose initial AIM applications are returned.                 |
| 1996: The AIM outreach program began offering instruction accredited toward required Continuing Education Units to insurance agents. The course, entitled "Maternity Health Insurance," is offered free of charge to insurance agents throughout the State.   | 1999: The AIM application handbook was re-designed to increase visual appeal and customer usefulness  |
|   | 2000: The AIM Program eligibility requirements were aligned with Medi-Cal eligibility requirements to eliminate confusion and potential duplication of services.  |
|   | 2001: The AIM Program initiated changes to its regulations to align with the Healthy Families Program. This will assist program administration and encourage enrollment.                                      |

## WHO THE AIM PROGRAM SERVES

### Ø Women Eligible for the AIM Program

A woman is eligible for the AIM Program if she:

- Ø Has been a California resident for at least six months.
- Ø Is no more than 30 weeks pregnant at the time of application.
- Ø Is not receiving no-cost Medi-Cal or Medicare benefits.
- Ø Does not have insurance coverage for her pregnancy or has a separate maternity-only deductible or co-payment of more than \$500 on her insurance.

00 percent of the fpl) after deduction of certain  
er income.

oman and her baby's first year coverage is two  
r income deductions). There are no additional  
baby can be extended up to his or her second  
ully immunized, the cost is \$100).

**CHART 1-1**

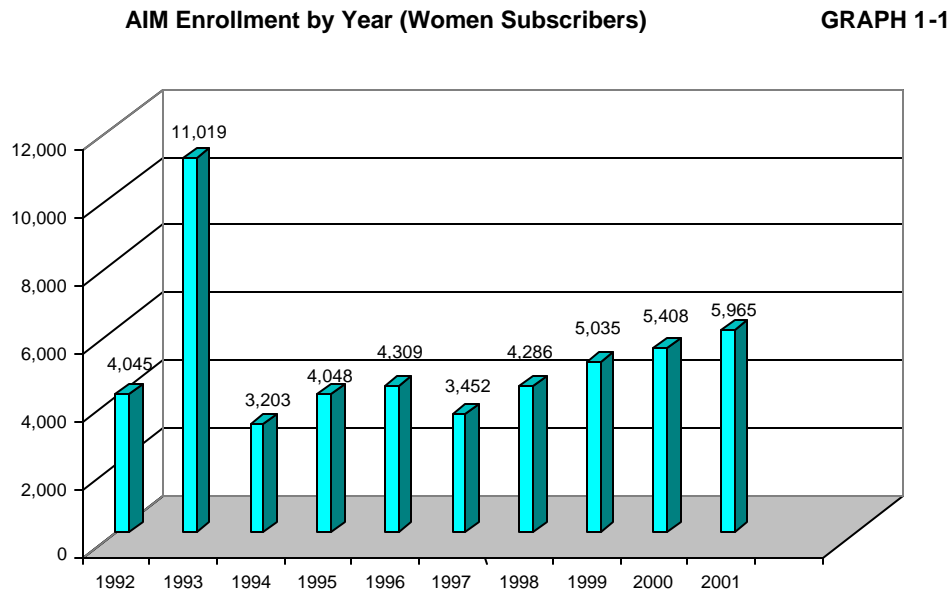
fpl	2% of 200%	to	2% of 300%
36	\$465	to	\$697
96	\$586	to	\$878
56	\$707	to	\$1,060
16	\$828	to	\$1,241
76	\$948	to	\$1,422
36	\$1,069	to	\$1,603
96	\$1,190	to	\$1,784

-it is not a monthly premium. The 2% may be  
monthly installments. The 2% covers the  
s post partum plus the newborn up to the age of

## AIM Enrollment Demographics

### Ø Enrollment

Since the first subscriber was enrolled in the AIM Program in February 1992, the AIM Program has served over 50,700 women and over 42,000 infants in the State of California (**Graph 1-1**, AIM Enrollment Data, 2/92 through 12/01).



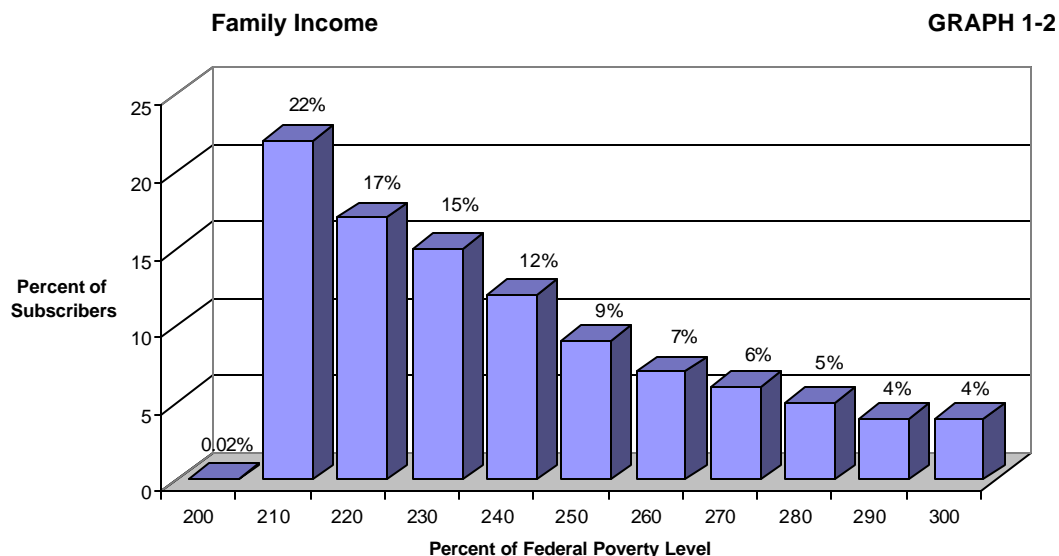
The AIM Program met with unprecedented popularity upon implementation. Due to ensuing fiscal constraints the AIM Program was closed to new enrollment in February 1994. The program re-opened to new enrollment in September 1994.

Concurrent with resumption of new enrollment, the AIM Program eligibility criteria was modified to restrict eligibility to women with family incomes over 200 percent of the federal poverty level. This change in income criteria was consistent with and complimented the Medi-Cal program's newly implemented property waiver for use in eligibility determination related to pregnant women.

Prior to these changes in AIM and Medi-Cal, many women with family incomes of less than 250 percent (adjusted) of the federal poverty level were qualified-eligible for both Medi-Cal and AIM, while other women with incomes below 200 percent (adjusted) of the federal poverty level were ineligible for Medi-Cal due to excess property or other assets. The changes promoted program clarification, reduced the chance of duplicated services, and encouraged better provision of pregnancy related services to expectant mothers within California.

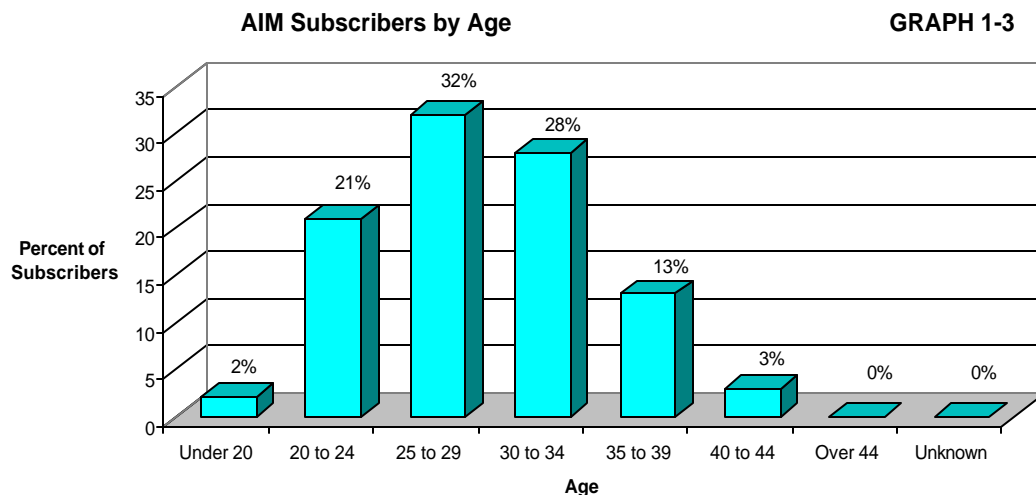
## Ø Family Income

Within the income guidelines for AIM, the majority of subscribers have incomes between 200 and 250 percent of the federal poverty level. The average family income in 2001 for a woman enrolled in the AIM Program was 229% of the fpl. This equals \$33,526 for a family of three in December 2001. (**Graph 1-2**, AIM Enrollment Data, 2001. Refer also to **Chart 1-1**, above).



## Ø Age

The age of the mother is an important demographic variable in terms of health risk. Some health status indicators such as the incidence of low birthweight babies and infant mortality rates are higher for teens and for women who are 40 years of age or older. Most of the mothers enrolled in the AIM Program are between the ages of 25 and 34, and are not at high risk for low birthweight infants or infant deaths, assuming that no other risk factors are present. The concentration of subscribers between the ages of 25 and 34 has not changed during the past six years of the program (**Graph 1-5**, AIM Enrollment Data, 1/96 through 12/01 and Pregnancy Risk Assessment Monitoring System (PRAM), 1994).





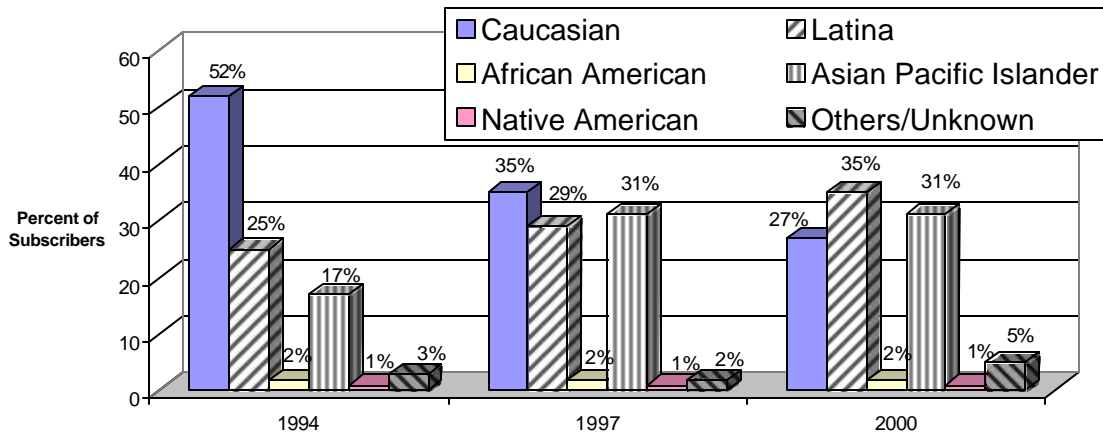
## Ø Ethnicity

The percentage of Latina and Asian Pacific Islander AIM subscribers increased from 1994 to 1997, and Latina subscribers continued to increase through 2000. This trend resulted in almost a complete reversal in the percentage of Caucasian and Latina AIM subscribers from the years 1997 to 2000. (**Graph 1-3**, 2000 AIM Enrollment Data and 2000 DHS Vital Statistics.

Note: Percentages may not add up to 100 percent due to rounding).

**Ethnicity Comparison of AIM Mothers: 1994, 1997 and 2000**

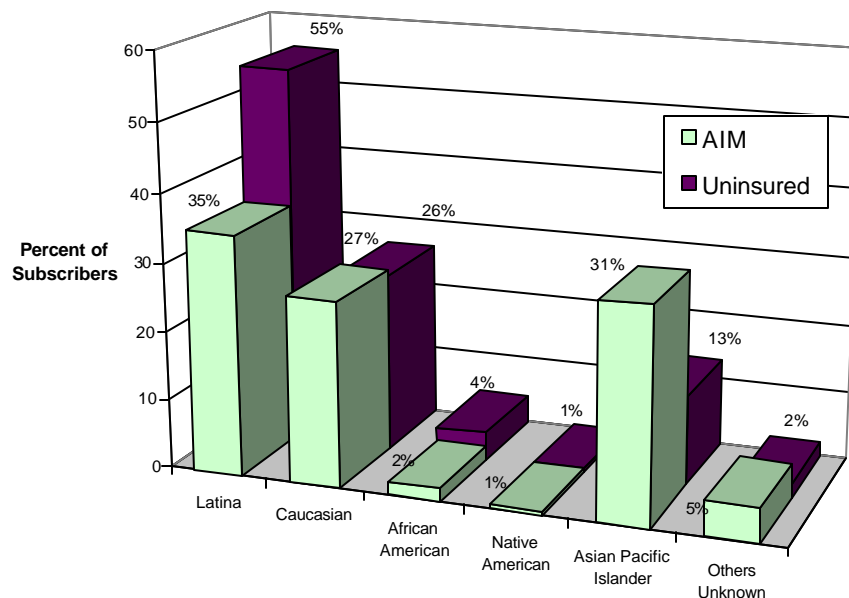
**GRAPH 1-4**



This change in program demographics is consistent with the statewide statistics on uninsured pregnant women. The largest percentage of uninsured pregnant women in California is Latina. It is not known how many uninsured pregnant women are income eligible for the AIM Program (**Graph 1-4**, AIM Enrollment Data, 1994, 1997 and 2000).

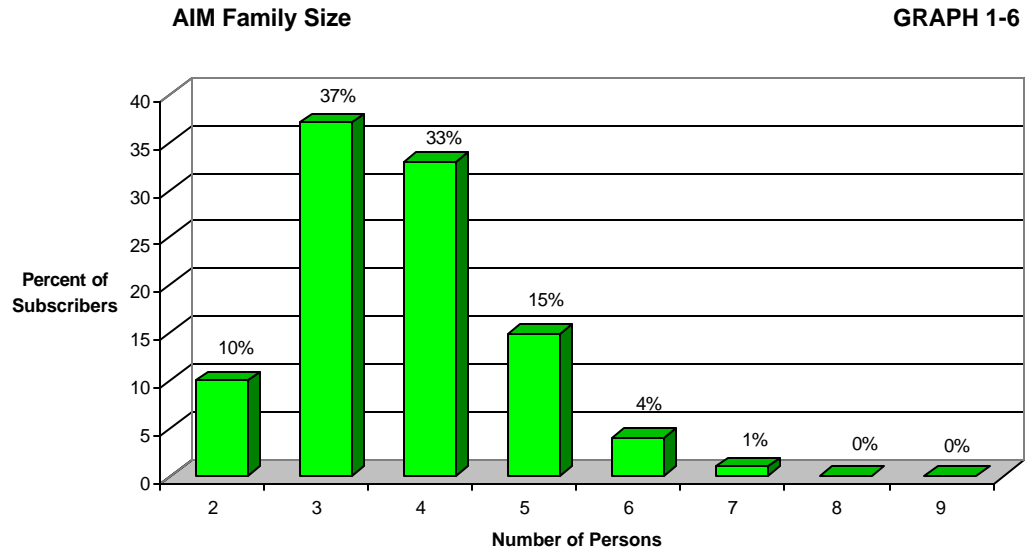
**Ethnicity Comparison - AIM Program & Uninsured Pregnant Women in California**

**GRAPH 1-5**



## Ø Family Size

Most AIM subscribers are in families of three and four. For the purposes of the program, family size is determined by the number of children and parents (subscriber and father of children) living in the home. A pregnant woman and her unborn baby are considered a family of two (**Graph 1-6**, AIM Enrollment Data, 1/00 through 12/01. Total Number of Women Subscribers: 11,373).



## Ø Geographic Distribution of AIM Subscribers

CHART 1-2 (MAP)



Source: AIM Enrollment Data 2000

Note: Total 5408 AIM births in 2000 includes additional 33 births in unspecified counties.

## **Ø Geographic Distribution of AIM Births**

In 2000, most subscribers reside in the counties of Los Angeles (1677), San Diego (536) Orange (384), Monterey (330) and Riverside (230). Similarly, the counties experiencing the highest percentage of AIM births are Los Angeles at 31 percent, San Diego at 10 percent, Orange at 7 percent, Monterey at 6 percent, and Riverside at 4 percent of all AIM births.

A comparison of the distribution of AIM and uninsured births in California shows the AIM births

**Chart 1-3**, below, shows the distribution of AIM births in California in 2000. Also presented are insured, unsponsored and Medi-Cal births in California.

**California Births 2000****CHART 1-3**

COUNTY	AIM BIRTHS		INSURED BIRTHS		UNSPNS'D BIRTHS		MEDI-CAL BIRTHS		TOTAL CALIFORNIA	
	#	%	#	%	#	%	#	%	#	%
Alameda	140	2.60	15883	5.38	693	4.35	5588	2.60	22164	4.17
Alpine	0	0.00	4	0.00	0	0.00	5	0.00	9	0.00
Amador	9	0.17	158	0.05	4	0.03	73	0.03	235	0.04
Butte	64	1.19	1029	0.35	52	0.33	1115	0.52	2196	0.41
Calaveras	8	0.15	190	0.06	5	0.03	114	0.05	309	0.06
Colusa	4	0.07	110	0.04	5	0.03	215	0.10	330	0.06
Contra Costa	63	1.17	10385	3.52	283	1.78	2536	1.18	13204	2.49
Del Norte	6	0.11	103	0.03	12	0.08	201	0.09	316	0.06
El Dorado	25	0.47	1127	0.38	36	0.23	465	0.22	1628	0.31
Fresno	100	1.86	5462	1.85	362	2.27	8438	3.93	14262	2.68
Glenn	9	0.17	150	0.05	6	0.04	229	0.11	385	0.07
Humboldt	32	0.60	619	0.21	91	0.57	661	0.31	1371	0.26
Imperial	56	1.04	868	0.29	294	1.85	1410	0.66	2572	0.48
Inyo	4	0.07	67	0.02	2	0.01	98	0.05	167	0.03
Kern	152	2.83	4820	1.63	184	1.16	6676	3.11	11680	2.20
Kings	12	0.22	691	0.23	439	2.76	1044	0.49	2174	0.41
Lake	9	0.17	233	0.08	36	0.23	314	0.15	583	0.11
Lassen	8	0.15	140	0.05	6	0.04	117	0.05	263	0.05
Los Angeles	1682	31.29	76344	25.88	4000	25.13	77047	35.84	157391	29.62
Madera	20	0.37	722	0.24	36	0.23	1349	0.63	2107	0.40
Marin	18	0.33	2220	0.75	72	0.45	532	0.25	2824	0.53
Mariposa	1	0.02	62	0.02	8	0.05	56	0.03	126	0.02
Mendocino	32	0.60	401	0.14	26	0.16	656	0.31	1083	0.20
Merced	36	0.67	1494	0.51	152	0.95	2228	1.04	3874	0.73
Modoc	1	0.02	31	0.01	6	0.04	43	0.02	80	0.02
Mono	7	0.13	63	0.02	1	0.01	64	0.03	128	0.02
Monterey	330	6.14	3154	1.07	106	0.67	3640	1.69	6900	1.30
Napa	19	0.35	1026	0.35	25	0.16	446	0.21	1497	0.28
Nevada	32	0.60	462	0.16	43	0.27	254	0.12	759	0.14
Orange	385	7.16	29350	9.95	1379	8.66	16251	7.56	46980	8.84
Placer	55	1.02	2508	0.85	60	0.38	478	0.22	3046	0.57
Plumas	4	0.07	74	0.03	7	0.04	69	0.03	150	0.03
Riverside	229	4.26	12706	4.31	867	5.45	11259	5.24	24832	4.67
Sacramento	87	1.62	10853	3.68	194	1.22	7145	3.32	18192	3.42
San Benito	8	0.15	555	0.19	9	0.06	312	0.15	876	0.16
San Bernardino	199	3.70	15407	5.22	579	3.64	12671	5.89	28657	5.39
San Diego	537	9.99	27925	9.47	3522	22.12	12825	5.97	44272	8.33
San Francisco	107	1.99	602	0.20	147	0.92	2478	1.15	8657	1.63
San Joaquin	73	1.36	5594	1.90	412	2.59	3597	1.67	9603	1.81
San Luis Obispo	42	0.78	1477	0.50	70	0.44	888	0.41	2435	0.46
San Mateo	59	1.10	7982	2.71	155	0.97	2303	1.07	10440	1.97
Santa Barbara	90	1.67	2811	0.95	151	0.95	2720	1.27	5682	1.07
Santa Clara	166	3.09	21324	7.23	344	2.16	5944	2.77	27612	5.20
Santa Cruz	38	0.71	2005	0.68	107	0.67	1393	0.65	3505	0.66
Shasta	54	1.00	888	0.30	20	0.13	920	0.43	1828	0.34
Sierra	2	0.04	5	0.00	1	0.00	15	0.01	21	0.00
Siskiyou	12	0.22	178	0.06	21	0.13	213	0.10	412	0.08
Solano	33	0.61	4202	1.42	33	0.21	1656	0.77	5891	1.11
Sonoma	36	0.67	3884	1.32	125	0.79	1642	0.76	5651	1.06
Stanislaus	47	0.87	3686	1.25	190	1.19	3365	1.57	7241	1.36
Sutter	23	0.43	552	0.19	24	0.15	590	0.27	1166	0.22
Tehama	16	0.30	278	0.09	10	0.06	398	0.19	686	0.13
Trinity	1	0.02	41	0.01	5	0.03	39	0.02	85	0.02
Tulare	68	1.27	2693	0.91	190	1.19	4368	2.03	7251	1.36
Tuolumne	22	0.41	219	0.07	11	0.07	197	0.09	427	0.08
Ventura	78	1.45	7382	2.50	237	1.49	4149	1.93	11768	2.22
Yolo	11	0.20	1324	0.45	36	0.23	886	0.41	2246	0.42
Yuba	14	0.26	464	0.16	28	0.18	564	0.26	1056	0.20
<b>Total</b>	<b>5375</b>	<b>100.0</b>	<b>294987</b>	<b>100.0</b>	<b>15919</b>	<b>100.0</b>	<b>214949</b>	<b>100.0</b>	<b>531285</b>	<b>100.0</b>

**NOTE:** Additional 33 subscribers (or 0.61%) gave birth in unspecified counties for a Total 5408 AIM births in 2000.

## WHAT THE AIM PROGRAM PROVIDES

### Ø Method of Service Delivery

Currently, there are ten (10) plans participating in the AIM Program. Nine (9) are Health Maintenance Organizations (HMO) and one is an Exclusive Provider Organization (EPO). An HMO is an organized system that provides a set of health care services to plan subscribers in a geographic area. In an HMO, members choose a primary care provider (PCP). An EPO is a health plan in which members seek care from a list of contracting providers. An EPO does not require a member to choose a PCP. Members may also self-refer to a specialist. The Blue Cross Prudent Buyer plan is an EPO and is primarily offered in rural areas of the state. All other plans participating in the AIM Program are HMOs. Most AIM subscribers are enrolled in an HMO.

CHART 2-1

### CURRENT AIM PARTICIPATING HEALTH PLANS

Health Plan	% of Enrollees 1998-2000*	Number of Counties in Which Plan is Available
Blue Cross California Care	35%	5 counties and portions of 4 counties
Blue Cross Prudent Buyer	17%	29 counties and portions of 7 counties
Contra Costa Health Plan	0.5%	1 county
Health Net	17.5%	12 counties and portions of 4 counties
Kaiser Permanente North	8%	9 counties and portions of 4 counties
Kaiser Permanente South	5%	3 counties
Santa Barbara Health Authority Prenatal Plus 2	2%	1 county
Sharp Health Plan*	3%	1 county
UHP Healthcare	11%	1 county (most areas)
Universal Care	1%	1 county (most areas)
Ventura County Health Care Plan*	0.4%	1 county

Source: AIM Enrollment Application and AIM Program Information

Note: \* Data reflects status as a provider beginning in 1999

Percentages may not add up to 100 percent due to rounding

## Ø AIM Benefits

The AIM Program provides a comprehensive scope of services to subscribers. The following services are available to eligible subscribers and their infants.

**CHART 2-2**

<b>TYPE OF SERVICE</b>	<b>DESCRIPTION OF SERVICE</b>
<b>Physician/Professional Services</b>	Outpatient and inpatient physician services.
<b>Hospital Services</b>	Semi-private room and board, medically necessary inpatient and outpatient services and supplies, and emergency hospital services as medically necessary.
<b>Prescription Drugs</b>	Medically necessary prescription drugs, drugs approved by the Federal Food and Drug Administration, including prenatal vitamins.
<b>Maternity Care</b>	Prenatal care, inpatient delivery and complications of pregnancy.
<b>Infant Care</b>	Medically necessary services for subscribers' infants up to age two, including well-baby visits and immunizations.
<b>Health Education Services</b>	Services including health education services relating to tobacco use, and drug and alcohol abuse.
<b>Smoking Cessation Services</b>	Program to help subscribers to quit smoking as recommended by their health plan.
<b>Diagnostic Tests</b>	Laboratory tests, x-rays, and mammograms.
<b>Durable Medical Equipment</b>	As approved by the subscribers' health plan and required for care of an illness or injury.
<b>Mental Health Services</b>	As approved by the subscribers' health plan up to 20 outpatient visits per year and up to 10 inpatient days per year.
<b>Ambulance</b>	Emergency transportation.
<b>Speech/Physical/Occupational Therapy</b>	As approved by the subscribers' health plan for short- term therapy of acute conditions.

## **Ø Program Incentives**

The following features of the AIM Program provide incentives for eligible women to enroll in the program and to assure that their infants are fully immunized.

- Ø The cost to AIM subscribers is small. AIM subscribers are charged 2 percent of their annual (adjusted) gross family income for participating in the AIM Program.
- Ø Subscribers who pay the entire required premium contribution at the time of application are given a \$50 discount on the required contribution. Since the program's inception, approximately 7 percent of AIM subscribers have taken advantage of the discount.
- Ø The required additional \$100 premium contribution at the time of the infant's first birthday is reduced to \$50 if the family documents that the infant had all first year immunizations.
- Ø The AIM Program provides reimbursement of up to a total of \$125 for pregnancy-related medically necessary services, including pregnancy testing and prenatal visits, received prior to the date of AIM coverage, subject to the following requirements:
  - ✓ The services were received no more than 40 days before the program approves the application.
  - ✓ Request for payment is submitted within 90 days of the date the services were received.

Since the program's inception, 6 percent of AIM subscribers have taken advantage of the reimbursement. Over the past three years (1999 through 2001), the average amount of reimbursement per subscriber request was \$62.00.

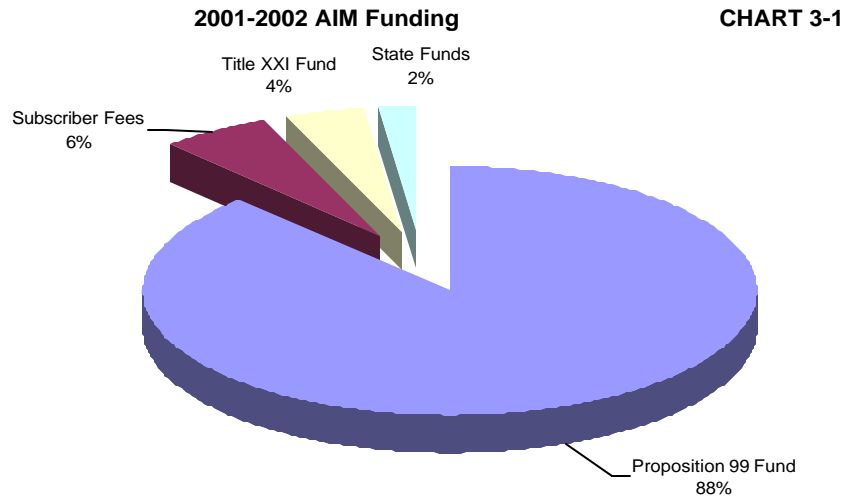
- Ø Unlike most insurance plans, AIM does not charge either co-payments or deductibles for services.



## HOW THE AIM PROGRAM IS FUNDED AND ADMINISTERED

### Ø Funding

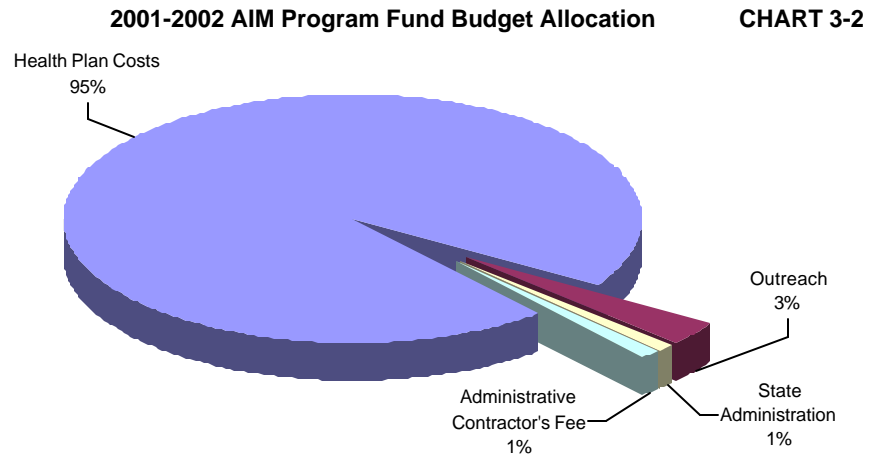
The AIM Program is funded from four sources: the Cigarette and Tobacco Products Tax, subscriber contributions, federal funds from Title XXI of the Social Security Act (State Children's Health Insurance Program) and required State match. **Chart 3-1**, below, shows the distribution of revenue sources used to fund the AIM Program for the 2001-2002 fiscal year (FY).



Source: Budget for 2001-02 Fiscal Year

The total revenue for FY 2001-02 is \$72 million. Eighty-eight percent of the funding is from the Proposition 99 Fund (Cigarette and Tobacco Products Tax Revenue), 6 percent is from subscriber fees, and the remaining 6 percent is from Title XXI funds and the required State match. Title XXI funds are used to pay for the costs of infants, age 2 months to 12 months, who live in families with incomes between 200 and 250 percent of the fpl.

### Ø Fund Allocation

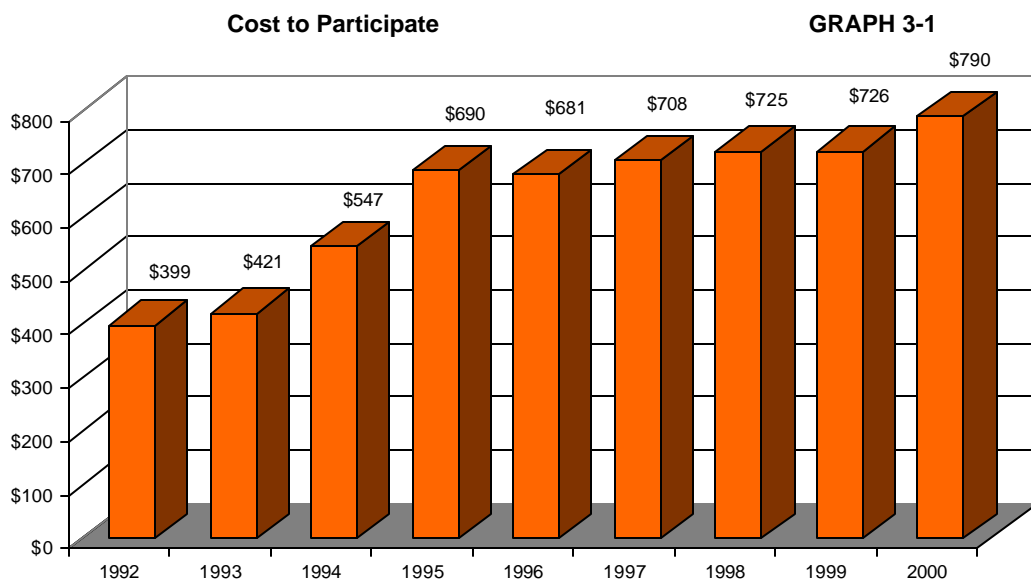


Source: Budget for 2001-02 Fiscal Year

In FY 2001-02, 95 percent of AIM funds are budgeted for benefit costs, 3 percent are budgeted for outreach, and 2 percent are budgeted for state and vendor administrative fees (**Chart 3-2**, above).

### Ø AIM SUBSCRIBERS COST TO PARTICIPATE

The average subscriber contribution for women enrolling in the AIM Program during calendar year 2000 was \$790. (**Graph 3-1**, below, AIM Enrollment Data). As described previously, this average contribution is based on the subscriber's total cost to participate that is equal to 2 percent of annual (as may be appropriately adjusted) family income. There are no additional co-payments or deductibles, and a subscriber may extend coverage for the baby up to his or her second birthday for an additional \$50 (if the infant is not fully immunized, the cost is \$100). AIM subscribers may choose to either pay the fee in 12 monthly installments, or pay the entire contribution up-front and receive a \$50 discount.



In February 2000, income-counting rules consistent with those used in Medi-Cal and the Healthy Families Program were adopted in the AIM Program. These income-counting rules allow deductions to gross monthly family income for purposes of determining if a woman qualifies for the AIM Program.

Within limitations and upon meeting qualifications, deductions include certain expenses related to work (up to \$90), court ordered alimony or child support received (up to \$50), child care (up to \$200 each child under age of 2 and up to \$175 for each child age 2 and over), disabled dependent care (up to \$175 for each disabled dependent, any age), and court ordered child support or alimony a subscriber or husband or father of the infant pays (full amount).

## **AIM PROGRAM OUTCOMES**

### **From the Voice of the AIM Subscribers**

The following are some recent excerpts for unsolicited letters from AIM Program participants:

#### **June 4, 2001**

"To AIM Program,  
Here's the final payment of my son's health insurance. I'd like to thank you for your assistance for me and my baby. You don't know how much it meant to us. Thank you very, very much! May God continue to bless you."

#### **July 5, 2001**

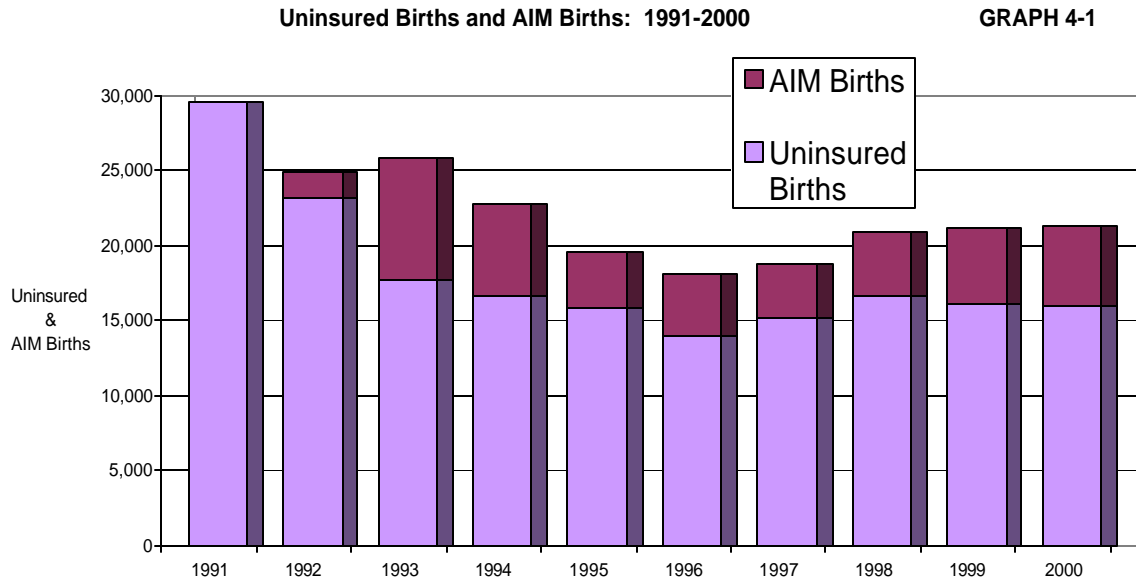
"Dear AIM,  
I recently had my baby boy...four months and getting bigger and heavier. I'd like to let you know that thanks to you my pregnancy went smoothly and with no problems. I'm very happy that you gave me the opportunity to get quality care for me and my child...without your help I don't know where I would be right now. Thank you AIM for everything you do to help women with financial [challenges during pregnancy] like me."

#### **December 18, 2001**

"AIM Program,  
My husband and I are self-employed. While I consider we are doing well and are very fortunate in many ways, when I became pregnant last year we were not insured. Thankfully someone in a clinic knew to refer me to the AIM Program. I am forever grateful...the services rendered through the program were of the best qualified and exactly where and what I would have chosen for myself, including counseling and follow up care. Knowing that such a program exists, I felt I could relax and pursue having a family now rather than continue to delay until "we could afford insurance." This meant a lot to me, as I am a 40-year old and delaying would not make good sense. Thank you for providing a safety net...as we put together our livelihood and our family."

## Ø Reduction of Uninsured Births in California

The AIM Program has reduced the number of uninsured births in California. The program has contributed to the legislative goal of reducing the number of uninsured births by approximately thirty-one percent since 1992 (**Graph 4-1, Chart 4-1**, DHS Vital Statistics and AIM Enrollment Data).



**CHART 4-1**

YEAR	NUMBER OF UNINSURED BIRTHS	UNINSURED AS A PERCENT OF ALL CA BIRTHS	NUMBER OF AIM BIRTHS
1991	29,522	4.84%	N/A
1992	23,216	3.86%	1,655
1993	17,670	3.02%	8,199
1994	16,627	2.93%	6,141
1995	15,822	2.87%	3,659
1996	14,006	2.60%	4,112
1997	15,161	2.89%	3,624
1998	16,638	3.19%	4,286
1999	16,065	3.10%	5,035
2000	15,919	2.99%	5,408

Sources: DHS Vital Statistics and AIM Enrollment Data

**Note:** It is unknown how many of the remaining uninsured births would qualify for the AIM Program. 2000 DHS Vital Statistics data indicates that 2.99 percent of all births in California are uninsured.

## Ø Early AIM Program Enrollment

Women who enroll in the AIM Program tend to enter the program early in their pregnancy and therefore have access to timely prenatal care (**Graph 4-2**, AIM Enrollment Data, 1999-2000).



A key component in determining pregnancy and birth outcomes is timeliness of prenatal and medical care\*. It is recommended that prenatal care visits begin in the first trimester<sup>\*(and)\*\*</sup>. Available data for the years 1999 and 2000 indicate approximately forty percent (40%) of AIM subscribers entered the program during their first trimester of pregnancy. The majority of women enrolling in the AIM Program during their first trimester entered between the fifth and tenth week of their pregnancy.

Sources: \**County Health Status Profiles, 2001*, and Healthy People 2010 goals, *Maternal, Infant and Child Health*, Department of Health and Human Services, Centers for Disease Control and Prevention

\*\*The American Academy of Pediatrics-American College of Obstetricians and Gynecologists, *Guidelines for Prenatal Care*, 2<sup>nd</sup> ed., 1988

## Higher Infant Immunization Rate

Infants enrolled in the AIM Program appear to receive full immunization at a rate higher than California children do overall. According to the 2000 National Immunization Survey, seventy-five percent (75%) of California children less than three years old are fully immunized. Approximately seventy-nine percent (79%) of the AIM infants who were born in 1999 and 2000 were fully immunized for the first year of their lives. The Health People 2010 goal is to increase to ninety percent (90%) the proportion of children who complete the basic immunization requirements by age two.

The AIM Program provides an incentive to families who provide documentation that their infants' immunizations are up-to-date on the child's first birthday by discounting the second year program fee for the child from \$100 to \$50. To obtain the percentage of AIM children who have obtained full, first year immunizations, the number of children whose families provided documentation of first year immunizations was divided by the total number of immunization records submitted for infants born the same year and multiplied by 100.

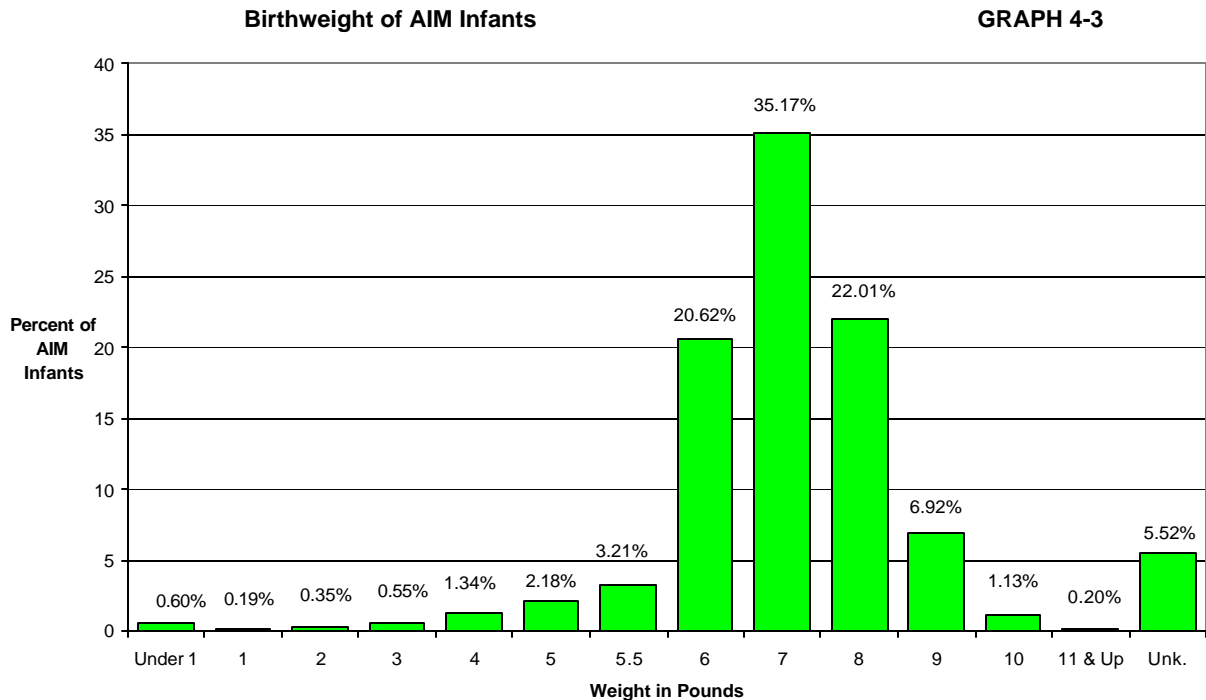
Source: AIM Contrators' Data, 1999 to 2000

*National Immunization Survey, United States, 2000*, Department of Health and Human Services, Centers for Disease Control and Prevention

Healthy People 2010 goals, *Maternal, Infant and Child Health*, Department of Health and Human Services, Centers for Disease Control and Prevention

## Ø Higher Birthweight

The birthweight of infants born to women enrolled in the AIM Program indicates positive outcome (**Graph 4-3**, AIM Enrollment Data, 1/98 to 10/01. Percentage may not add up to 100% due to rounding).



Birthweight is a major indicator of the health status of infants at birth. Low birthweight (birthweight under 2500 grams or less than 5 pounds 8 ounces) has been associated with infant mortality and negative birth outcomes including greater likelihood of long-term developmental disabilities.<sup>\*(and)\*\*</sup> Reducing chances of infant mortality and improving birth outcomes depend to a large extent on improving birthweight. The Year 2010 national objective is to reduce the percent of babies born at low birthweight to five percent (5%) of all births.<sup>\*\*</sup>

Nationally, incidents of low birthweight percentages increased from 1987 (6.9%) to 1999 (7.5%) with preliminary data indicating 7.5% for the year 2000.<sup>\*\*\*</sup> AIM data on infant weight shows that for the period from January 1998 through October 2001 approximately five and one-sixth percent (5.21%) of infants born to women enrolled in the AIM Program had low birthweight. Comparatively, the data also indicates that almost 78% of the AIM infants born from January 1998 through October 2001 had a healthy birthweight ranging between 5 pounds 9 ounces and eight pounds.

Source: \*Pregnancy Risk Assessment Monitoring System (PRAMS), 1998

\*\* Healthy People 2010 goals, *Maternal, Infant and Child Health*, Department of Health and Human Services, Centers for Disease Control and Prevention

\*\*\*Healthy People 2000 Final Review, Department of Health and Human Services, Centers for Disease Control and Prevention

## AIM PROGRAM OUTREACH

The AIM Program's outreach efforts take a multi-facet approach to increase public awareness of California's insurance program for uninsured pregnant women. The challenge of identifying women less than 30 weeks pregnant, who are uninsured or without viable maternity coverage, and whose income falls between 200 and 300 percent of the federal poverty level is accomplished by targeting events, locations and services that attract pregnant women. Once identified, application assistance encourages and aids enrollment of those women who qualify.

Outreach programs support the AIM eligibility and enrollment functions by providing follow up when applications are initially returned due to insufficient information. Also, depending on an individual's circumstances, AIM Program administrators and providers collaborate with other agencies and programs such as Medi-Cal for Children to deliver appropriate pregnancy-related services to qualified women. In addition to general public outreach, efforts include contacts with individuals and groups who may come in contact with pregnant women as well as entities eligible to receive the \$50 application assistance fee.

The following achievements are representative, but not all-inclusive, of the outreach measures used to enhance the AIM Program's visibility and increase enrollment.

### **Ø Business**

- AIM display at retail stores in infant and maternity areas, and at banks, grocery stores and pharmacies
- Targeting via payroll inserts employees of businesses that do not provide health insurance and who employ a large number of part-time workers
- Work site health fairs

### **Ø Community Based Organizations**

- Articles in newsletters
- Inclusion in referral directories and telephone hotline numbers
- Collaborative cross referrals and participation in sponsored events
- Outreach to minorities through targeted publications and events

### **Ø Government**

- Training sessions geared towards public health centers and Medi-Cal Eligibility units in county social services departments
- Information provided through the WIC (Women, Infants and Children Supplemental Nutrition Program) toll-free information line,
- "Baby Cal" campaign includes information provided through television, radio, posters and a toll-free number

### **Ø Health Care Providers**

- Provider outreach and education on the AIM Program
- Display of AIM marketing materials, including application and brochure
- Application assistant training

### **Ø Applicant Assistance**

- Ø Support for providers and office staff who assist applicants
- Ø Toll-free Helpline assistance, including bilingual accommodation
- Ø Systematic post-application assistance for women whose applications are initially denied or returned for lack of sufficient information



**Ø Insurance Agents & Brokers**

- Conducting AIM Workshops for Continuing Education Units (CEU)
- Attendance at state and local insurance conventions

**Ø Media**

- Appearances on local radio and television programs
- Contribution to local and statewide print media outlets
- Development of press releases and public service announcements for radio and television broadcasts
- Billboards promoting the AIM Program
- Regional websites on the AIM Program, including links to other California and local entity health assistance websites

**Ø Schools**

- Distribution of AIM promotional and informational materials to school nurses for inclusion in school resource books and for online availability
- Distribution of AIM information in take-home packets for children enrolled in elementary and preschools
- Display marketing materials at libraries and health centers of college campuses
- Distribution of AIM information via Parent Teacher Associations (PTA)

**Ø Outreach Organizations**

The Managed Risk Medical Insurance Board contracts with three organizations that provide community-based outreach efforts: California Health Collaborative (CHC), National Health Foundation (NHF), and Lifemark Corporation (LMC). Additionally, MOB Media, Inc. assists in the identification and purchase of AIM Program advertisement through individual subcontracts procured with CHC and NHF in Spring 2001. The management of advertising for LMC is self-administered. All three outreach organizations have developed successful strategies of outreach to California's large and diverse population.

- **California Health Collaborative**

CHC developed and continues to present a Continuing Education Unit (CEU) AIM Workshop that is approved by the Department of Insurance. CHC develops ethnic-specific advertising to focus not only on English and Spanish, but also other groups based on population density within the 49 counties served. Utilizing continued coordination with community partners and collaborative advertising, CHC pursues development of diverse AIM Program outreach and education projects to increase enrollment. CHC's outreach efforts target the following counties:

Alameda	Madera	Santa Clara
Alpine	Marin	Santa Cruz
Amador	Mariposa	Shasta
Butte	Mendocino	Sierra
Calaveras	Merced	Siskiyou
Colusa	Modoc	Solano
Contra Costa	Mono	Sonoma
Del Norte	Monterey	Stanislaus
El Dorado	Napa	Sutter
Fresno	Nevada	Tehama
Glenn	Placer	Trinity
Humboldt	Plumas	Tulare
Inyo	Sacramento	Tuolumne
Kern	San Benito	Yolo
Kings	San Francisco	Yuba
Lake	San Joaquin	
Lassen	San Mateo	

- **National Health Foundation**

NHF has designed and implemented several programs focusing on uninsured families and has been involved in outreach programs since the early 1990s. With a philosophy of continuous learning and improvement, NHF designs its activities to complement each other. NHF has successfully facilitated integration of AIM information into Los Angeles County Department of Health Services and Department of Social Services eligibility worker training and, in coordination with appropriate agencies, assisted women in obtaining necessary pregnancy-related services through AIM or other assistance program. Increased outreach to AIM physicians has resulted in an increase of AIM referrals from doctor offices and clinics.

NHF also administers the Children's Health Access and Medi-Cal Program (CHAMP). CHAMP helps to ensure broad access by Los Angeles County families to information on various health programs, including the AIM Program and the Healthy Families Program. CHAMP includes maintenance of the statewide website "CHAMP-Net", that contains health related information, weblinks, and enables online use of eligibility calculators for AIM and other family health programs.

NHF's outreach efforts target the following counties:

Los Angeles  
Orange

Riverside  
San Bernardino  
San Luis Obispo

Santa Barbara  
Ventura

- **Mob Media, Inc.**

Through subcontracts with CHC and NHF, MOB Media's effort, network of contacts, and recommendations have materialized into a campaign that effectively utilizes media purchase plans and paid advertising. Mob Media's experience in advertisement affords the AIM Program with value-added opportunities, such as free airtime coverage on radio shows, and editorial coverage in newspapers and magazines. Recent and current AIM media campaigns include such things as county and regional advertising targeted to an ethnic population base, numerous broadcast and print media, and radio and television spots promoting AIM awareness and enrollment.

- **Lifemark Corporation**

LMC has the distinction of working closely with the Perinatal Care Network Referral Services (PCN). This relationship helps ensure women do not fall between the cracks of the San Diego health care system by cross-referring with the San Diego County Department of Health and Human Services. This system has been instrumental in providing services to large numbers of San Diego women of childbearing age, and in enrolling pregnant women into AIM, Medi-Cal, and other pregnancy related programs. Lifemark's outreach efforts target the California/Mexico border counties of Imperial and San Diego, and include the management of its own successful media campaign.

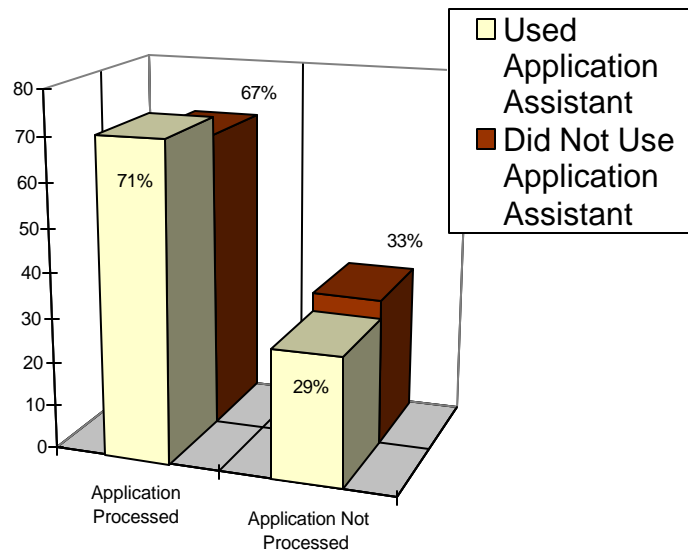
## Application Assistance Fees

The AIM Program pays certain individuals and entities a \$50 fee for assisting pregnant women in completing the AIM application. The AIM enrollee is not charged for using an application assistant. The \$50 dollars is paid to an eligible individual or entity providing application assistance only if (1) the pregnant woman is successfully enrolled in the AIM Program and (2) the application assistance form is completed.

AIM applicants can choose from a number of qualified application assistants. Historically, the application assistants that are most frequently used by AIM applicants are licensed insurance agents/broker, medical doctors, and general acute care hospitals (utilization rates of approximately 45%, 25% and 16%, respectively). Other commonly used application assistants include registered nurses, licensed primary care community clinics, AIM participating health plans, licensed day care operators, doctors of osteopathy, State maternal and child health contractors, chiropractors, and county social services and health departments.

Since AIM's inception, 36 percent of AIM applicants have used the application assistance program. Applicants using the assistance program had a higher rate of success in having their applications processed than those applicants that did not use the assistance program (**Graph 5-1**, Source: AIM Enrollment Database).

**Success Rates of Processed Applications From Applicants Using the Assistance Program GRAPH 5-1**



## DATA and INFORMATION SOURCES

Several sources of data and information were used to compile this report. Information was obtained from AIM contractors, AIM internal program reports, the Department of Health Services, and the federal Department of Health and Human Services.

**Ø The AIM contractors providing information for this report included:**

- ✓ Participating health plans
- ✓ Health Care Alternatives, the AIM Program administrative vendor
- ✓ Information provided by AIM Outreach Contractors.

**Ø Internal reports used for this report included:**

- ✓ AIM Enrollment Data (data extracted from AIM enrollees' applications)
- ✓ AIM Fiscal Reports (monthly reports detailing revenues and expenditures for the program)
- ✓ AIM Enrollment Application and Program Information, August 2001 – March 2002
- ✓ AIM 1998 Fact Book

**Ø Information provided by the Department of Health Services (DHS) were:**

- ✓ DHS Vital Statistics - information provided by the Department of Health Services Health Information and Strategic Planning Branch, Center for Health Statistics, Vital Statistics Section
- ✓ Pregnancy Risk Assessment Monitoring Systems (PRAMS) 1994, Epidemiology and Evaluation Section, Maternal and Child Health Branch, California Department of Health Services
- ✓ County Health Status Profiles 2001, California Department of Health Services

**Ø Information from the Department of Health and Human Services, Centers for Disease Control and Prevention included:**

- ✓ Healthy People 2000 Final Review
- ✓ Healthy People 2010 goals, *Maternal, Infant and Child Health*, and *Immunization and Infectious Diseases*
- ✓ National Immunization Survey, United States, 2000

**Ø Other sources of information contained in this report included:**

- ✓ The American Academy of Pediatrics - The American College of Obstetricians and Gynecologists, *Guidelines for Prenatal Care*, 2nd ed., 1988
- ✓ Title 10, California Code of Regulations, Chapter 5.6, Article 3
- ✓ The Governor's Budget for 2001-02 Fiscal Year.